

STATEMENT OF ECONOMIC INTERESTS



COVER PAGE

2011 MAR 24 AM 9:38

FILED

Date Received  
Official Use Only

MAR 03 2011

KATHLEEN MORAN

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) COLUSA COUNTY CLERK-RECORD  
Dolbow Vann Kim

1. Office, Agency, or Court

Agency Name

Board of Supervisors

Division, Board, Department, District, if applicable

Your Position

Board of Supervisor

Supervisor District 1

► If filing for multiple positions, list below or on an attachment.

Agency: \_\_\_\_\_

Position: \_\_\_\_\_

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ Judge (Statewide Jurisdiction)

☐ Multi-County \_\_\_\_\_

☒ County of Colusa

☐ City of \_\_\_\_\_

☐ Other \_\_\_\_\_

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2010, through December 31, 2010.

☐ Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one)

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2010.

☐ The period covered is January 1, 2010, through the date of leaving office.

☐ Assuming Office: Date \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

☐ Candidate: Election Year \_\_\_\_\_ Office sought, if different than Part 1: \_\_\_\_\_

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 7

☒ Schedule A-1 - Investments - schedule attached

☒ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☐ Schedule D - Income - Gifts - schedule attached

☒ Schedule B - Real Property - schedule attached

☒ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

I certify under penalty of perjury under the laws of the State of California that

Date Signed 3-2-11  
(month, day, year)

Signature

**SCHEDULE A-1****Investments****Stocks, Bonds, and Other Interests**

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

**CALIFORNIA FORM 700**

FAIR POLITICAL PRACTICES COMMISSION

Name

Kim Dolbow Vann

## ▶ NAME OF BUSINESS ENTITY

Bank of America Corp

## GENERAL DESCRIPTION OF BUSINESS ACTIVITY

Banking

## FAIR MARKET VALUE

- ☒ \$2,000 - \$10,000      ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000      ☐ Over \$1,000,000

## NATURE OF INVESTMENT

- ☒ Stock      ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership      ☐ Income Received of \$0 - \$499  
                                 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/10      \_\_\_\_/\_\_\_\_/10  
ACQUIRED      DISPOSED

## ▶ NAME OF BUSINESS ENTITY

## GENERAL DESCRIPTION OF BUSINESS ACTIVITY

## FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000      ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000      ☐ Over \$1,000,000

## NATURE OF INVESTMENT

- ☐ Stock      ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership      ☐ Income Received of \$0 - \$499  
                                 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/10      \_\_\_\_/\_\_\_\_/10  
ACQUIRED      DISPOSED

## ▶ NAME OF BUSINESS ENTITY

PG&amp;E Corp

## GENERAL DESCRIPTION OF BUSINESS ACTIVITY

Energy

## FAIR MARKET VALUE

- ☒ \$2,000 - \$10,000      ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000      ☐ Over \$1,000,000

## NATURE OF INVESTMENT

- ☒ Stock      ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership      ☐ Income Received of \$0 - \$499  
                                 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/10      \_\_\_\_/\_\_\_\_/10  
ACQUIRED      DISPOSED

## ▶ NAME OF BUSINESS ENTITY

## GENERAL DESCRIPTION OF BUSINESS ACTIVITY

## FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000      ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000      ☐ Over \$1,000,000

## NATURE OF INVESTMENT

- ☐ Stock      ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership      ☐ Income Received of \$0 - \$499  
                                 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/10      \_\_\_\_/\_\_\_\_/10  
ACQUIRED      DISPOSED

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                                 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/10      \_\_\_\_/\_\_\_\_/10  
ACQUIRED      DISPOSED

## ▶ NAME OF BUSINESS ENTITY

## GENERAL DESCRIPTION OF BUSINESS ACTIVITY

## FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000      ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000      ☐ Over \$1,000,000

## NATURE OF INVESTMENT

- ☐ Stock      ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership      ☐ Income Received of \$0 - \$499  
                                 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/10      \_\_\_\_/\_\_\_\_/10  
ACQUIRED      DISPOSED

Comments: \_\_\_\_\_

**SCHEDULE B**  
**Interests in Real Property**  
(Including Rental Income)

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name

Kim Dolbow Vann

► STREET ADDRESS OR PRECISE LOCATION

1101 Tess Dr.

CITY

Arbuckle, CA

FAIR MARKET VALUE

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☒ \$100,001 - \$1,000,000

☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

     /      / 10  
ACQUIRED

     /      / 10  
DISPOSED

NATURE OF INTEREST

☒ Ownership/Deed of Trust

☐ Easement

☐ Leasehold

Yrs. remaining

☐

Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

☐ \$0 - \$499

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

► STREET ADDRESS OR PRECISE LOCATION

CITY

FAIR MARKET VALUE

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

     /      / 10  
ACQUIRED

     /      / 10  
DISPOSED

NATURE OF INTEREST

☐ Ownership/Deed of Trust

☐ Easement

☐ Leasehold

Yrs. remaining

☐

Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

☐ \$0 - \$499

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

\* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER\*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

TERM (Months/Years)

     % ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

☐ Guarantor, if applicable

NAME OF LENDER\*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

TERM (Months/Years)

     % ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

☐ Guarantor, if applicable

Comments:

**SCHEDULE C**  
**Income, Loans, & Business**  
**Positions**  
(Other than Gifts and Travel Payments)

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name  Kim Dolbow Vann

► 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

Wraith Scarlet & Randolph

ADDRESS (Business Address Acceptable)

283 W. Court St. Woodland CA 95696

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Insurance Brokage Firm

YOUR BUSINESS POSITION

Broker

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000      ☐ \$1,001 - \$10,000  
☒ \$10,001 - \$100,000      ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary      ☐ Spouse's or registered domestic partner's income

☐ Loan repayment      ☐ Partnership

☐ Sale of \_\_\_\_\_  
(Property, car, boat, etc.)

☒ Commission or      ☐ Rental Income, list each source of \$10,000 or more

None

☐ Other \_\_\_\_\_  
(Describe)

► 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

Tim Lewis Communities

ADDRESS (Business Address Acceptable)

3030 Douglas Blvd, Suite 450, Roseville, CA 95661

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Homebuilder

YOUR BUSINESS POSITION

Consultant

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000      ☐ \$1,001 - \$10,000  
☒ \$10,001 - \$100,000      ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☒ Salary      ☐ Spouse's or registered domestic partner's income

☐ Loan repayment      ☐ Partnership

☐ Sale of \_\_\_\_\_  
(Property, car, boat, etc.)

☐ Commission or      ☐ Rental Income, list each source of \$10,000 or more

☐ Other \_\_\_\_\_  
(Describe)

► 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

\* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER\*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000  
☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000  
☐ OVER \$100,000

INTEREST RATE

\_\_\_\_\_%      ☐ None

TERM (Months/Years)

SECURITY FOR LOAN

☐ None      ☐ Personal residence

☐ Real Property \_\_\_\_\_  
Street address

City

☐ Guarantor \_\_\_\_\_

☐ Other \_\_\_\_\_  
(Describe)

Comments: \_\_\_\_\_

**SCHEDULE E**  
**Income – Gifts**  
**Travel Payments, Advances,**  
**and Reimbursements**

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name

Kim Dolbow Vann

- **Reminder – you must mark the gift or income box.**
- **You are not required to report income from government agencies.**
- **You may mark the box 501(c)(3) for a travel payment received from a nonprofit 501(c)(3) organization. When the payment is a gift it is reportable but is not subject to the \$420 gift limit.**

► NAME OF SOURCE

Regional Council of Rural Counties (RCRC)

ADDRESS (Business Address Acceptable)

1215 K Street, Suite 1650

CITY AND STATE

Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☐ 501 (c)(3)

DATE(S): 01 / 01 / 10 - 12 / 31 / 10 AMT: \$ 4539.67  
(If applicable)

TYPE OF PAYMENT: (must check one) ☐ Gift ☒ Income

DESCRIPTION: Travel and meal expenses related to  
volunteer services on the RCRC Board of  
Directors

► NAME OF SOURCE

California State Association of Counties (CSAC)

ADDRESS (Business Address Acceptable)

1100 K Street, Suite 101

CITY AND STATE

Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☐ 501 (c)(3)

DATE(S): 01 / 01 / 10 - 12 / 31 / 10 AMT: \$ 329.40  
(If applicable)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

DESCRIPTION: Expenses related to CSAC business  
meetings and or functions.

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☐ 501 (c)(3)

DATE(S): / / - / / AMT: \$  
(If applicable)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

DESCRIPTION:

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☐ 501 (c)(3)

DATE(S): / / - / / AMT: \$

TYP. (must check one) ☐ Gift ☐ Income

DESCR:

*Why write on  
this? isn't CSAC  
gov't? also, if  
income - no limit,  
if gift - under  
limit*

Comments:

## 2010 DELEGATE EXPENSE

Schedule "E"

County: Colusa  
 Delegate: Kim Dolbow-Vann

<u>Item</u>	<u>Amount</u>	
<u>Meals provided at meetings:</u>		
Prior year expenses pd in 2010		
Board Meeting: January	28.57	28.57
Executive Meeting: February	25.01	25.01
Board Meeting: March	26.47	
Board Meeting: April	19.35	19.35
Executive Meeting: May	13.83	13.83
(Modoc) Board Meeting: June	Incl below	
Executive Meeting: July	17.42	17.42
Board Meeting: August	23.13	23.13
(Annual Meeting Napa County) Board Meeting: Sept	38.14	38.14
Executive Meeting: October	ESJPA only	
Executive Meeting: Dec	17.42	17.42
Board Meeting: Dec	25.84	25.84
<b>January Annual Installation of Officers*</b>	137.14	137.14

\* Price is for Supervisor only. Double amount if spouse/guest attended also.

Expense Reimbursements To Delegate: 1451.90

To County for Delegate:

Expenses paid by RCRC on behalf of Supervisor:

June (Modoc) Lodging:	103.00
June (Modoc) Meals:	139.41
March NACO:	1641.80
May NACO WIR	
July NACO:	59.68
Seminar Registration/Memberships:	490.00
Supervisor Travel, Hotel and Meals:	284.51
Phone Cards/Communication Eqpt.:	
(Modoc) Tour:	23.52
Gifts - \$420 limit:	
Awards - \$250 limit:	
Total Expenses:	<b>4539.67</b>

Please record on your  
**SCHEDULE - E**

Schedule "E"

California State Association of Counties

January 25, 2011



Kimberly Dolbow Vann  
District 1 Supervisor  
Colusa County  
546 Jay Street  
Colusa, CA 95932

1100 K Street  
Suite 101  
Sacramento  
California  
95814

Dear Kimberly,

Telephone  
916.327.7500  
Facsimile  
916.441.5507

As discussed in previous years, a copy of an opinion given to the League of California Cities (League) by the Fair Political Practices Commission (FPPC) was forwarded to CSAC. The opinion concluded some reimbursements provided to city officials in connection with their service on the League's board and committees were reportable as income on statements of economic interests.

CSAC staff consulted with its legal counsel on this matter who advised us that transportation and lodging, provided directly or reimbursed, and meals provided outside of our meetings were reportable and should be reported as income on statements of economic interests. They would not, however, be reportable for tax purposes.

With regard to gifts, CSAC has received an opinion letter from its counsel, which, in part, states "CSAC has on occasion paid for other costs for a board member's spouse who accompanies the official to a meeting. It is our opinion that all of those additional costs should be reported as gifts, because the spouse is not attending the CSAC meeting in an official way". This most commonly comes in the form of meals for spouses. We have enclosed a separate list of what makes up the gift amount.

We have searched back through our Year 2010 records and have found the following business-related reimbursed expenditures, payments or/and gifts that were made by CSAC or the CSAC Finance Corporation in conjunction with your service at a CSAC business related meeting or function:

CSAC Income      \$329.40

I urge you to consult your county counsel if you have questions regarding the applicability of this opinion to your reporting situation. You may also go to the FPPC website at <http://www.fppc.ca.gov/>. Please feel free to contact Kelli Oropeza, CSAC Director of Finance at 916-327-7500 ext.544, if you have any questions about the dollar amounts provided or this letter.

It continues to be our hope that FPPC will modify this particular section of its regulations, but so far that has not happened.

Sincerely,

A handwritten signature in black ink, appearing to read "Kelli Oropeza", written over a horizontal line.

Kelli Oropeza  
Director of Finance



RECEIVED  
FAIR POLITICAL  
PRACTICES COMMISSION

# SCHEDULE E

## Income - Gifts

### Travel Payments, Advances, and Reimbursements

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

AMENDMENT

FILED

OCT 26 2011

- Reminder - you must mark the gift or income box.
- You are not required to report income from government agencies.
- You may mark the box 501(c)(3) for a travel payment received from a nonprofit 501(c)(3) organization. When the payment is a gift it is reportable but is not subject to the \$420 gift limit.

KATHLEEN MORAN  
COLUSA COUNTY CLERK-RECORDER

NAME OF SOURCE  
~~Donor~~

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)

DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$\_\_\_\_  
(If applicable)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

DESCRIPTION:

NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)

DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$\_\_\_\_  
(If applicable)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

DESCRIPTION:

NAME OF SOURCE (CSAC)  
California State Association of Counties

ADDRESS (Business Address Acceptable)  
1100 K Street, Suite 101

CITY AND STATE  
Sacramento, Ca 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)

### Verification

Print Name Kim Delbow Vann

Office, Agency, or Court Board of Supervisors

Statement Type ☒ 2010/2011 Annual ☐ Assuming ☐ Leaving  
☐ Annual ☐ Candidate

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed Oct 25, 2011

Signature (d)(5)

DATE(S) 01/01/10-12/31/10 AMT: \$ 329.40  
(If applicable)

TYPE OF PAYMENT: (must check one) ☐ Gift ☒ Income

DESCRIPTION: Expenses related to CSAC business meeting and or Function.

Comments: Amended Report due to "Type of Payment" box not being checked.